

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-011505

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

146  
3026  
157  
FILED APR 3 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN  
Independence

Length of stay in lb  
4 days

c. CITY  
OR TOWN

Blue Springs

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION  
Independence San & Hosp

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)  
40 Highway

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Hal

Middle

Warren

Last

Clark

4. DATE  
OF DEATH

Month  
Mar

Day  
22

Year  
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/11/1876

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Drugstore

11. BIRTHPLACE (City and state or country)

Blue Springs Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

David Clark

13b. MOTHER'S MAIDEN NAME

Mary Harris

14. NAME OF HUSBAND OR WIFE

Lafy Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lafy Clark Blue Springs Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

3 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-3-46 to 3-22-62 and last saw him alive on 3-22-62

Death occurred at 5:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Merrill R. Bay M.D.

22b. ADDRESS

Blue Springs, Mo

22c. DATE SIGNED

3-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/25/1962

23c. NAME OF CEMETERY OR CREMATORY

Blue Springs Cem

23d. LOCATION (City, town, or county)

Blue Springs

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Webb Funeral Home Blue Springs Mo

25. DATE RECD. BY LOCAL REG.

3-23-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

17005

27001

3

4 0

5 1

6

7 0

8 2

94201

10

11

12 1-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William E. Free

Licensed Embalmer No. 4733

P. O. Address Blue Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.